







Ministry of Healthcare and Social  
Development of the Republic of Kazakhstan

# Kazakhstan Family Planning National Framework Program 2017-2021

Astana, 2016

# Contents

---

Introduction.....	1
The context of family planning in Kazakhstan.....	1
Process .....	3
Vision .....	4
Guiding principles.....	4
Goal, outcome and outputs .....	4
Key interventions and accountability.....	5
Implementation and coordination .....	8
Financing .....	9
Monitoring and evaluation.....	10
Annex 1. Working Group for the development of the Family Planning Framework Program.....	12

## Acronyms

---

FP	Family planning
GP	General practitioner
MICS	Multiple Indicator Cluster Surveys
MoHSD	Ministry of Health and Social Development of the Republic of Kazakhstan
Ob/Gyn	Obstetrician and gynecologist
PHC	Primary health care
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

# Introduction

---

Kazakhstan made a significant progress in achieving the MDG target 5A on reduction maternal mortality ratio. However, the target on the MDG 5B on the universal access to reproductive health was not achieved. This was not achieved by Kazakhstan and also by many countries, therefore, the SDG Sustainable Development Goal 3 on healthy lives and well-being for all at all ages has a target on ensuring universal access to SRH services, including FP, information and education, and integration of RH into national strategies and programmes. To tackle this target, it requires further coherent and integrated actions on improvement family planning services and ensuring public contraceptive security with special focus on vulnerable groups – adolescents and young people, rural population, people with disabilities, migrants, etc.

The Ministry of Health and Social Development of the Republic of Kazakhstan (MoHSD) initiated a structured strategic planning process in order to enable central and local (sub-national) country governments to prioritize interventions, engage stakeholders around one national family planning Framework Program, forecast costs, and mobilize resources to meet identified gaps. The timing to start the development of a national family planning Framework Program was chosen to align with the new five-year State Program on Healthcare System Development “Densaulyk” that has been put into action. The new State Program is mainly focused on public health development and strengthening primary healthcare system to introduce integrated services for disease prevention and disease management.

The purpose of this document is to provide strategic guidelines aimed at improving the health status of the population in the field of family planning in the broader context of sexual and reproductive health and rights (SRHR). The document sets out the long-term vision of the MoHSD on sexual and reproductive health policies and programs in Kazakhstan over the next five-year period, between 2017 and 2021.

## The context of family planning in Kazakhstan

---

From demographic perspective, Kazakhstan is a relatively young country, and the majority of the population belongs to younger age groups (the average age is 29 years). 26.7% of population are women of fertile age (4,586,600), and 42% of them live in rural areas (1,927,100). The cumulative birthrate is 2.63 and the average spacing between childbirths is 2.5 years (Population Health Surveys, 1995 and 1999). Among all women of fertile age, women aged 24-29 years have the highest birthrate. According to official statistics, average age of first marriage is 23.4 years (2011). A review conducted by UNFPA found out that the average age of women at first birth increased significantly, from 23 years in 1990 to 27.6 years in 2010, approaching the level of Eastern European countries and deviating from that of Central Asia countries.

Despite a significant segment of reproductive age population, the use of contraception in Kazakhstan remains low. According to the 2015 Multiple Indicator Cluster Surveys (MICS), the use of modern contraception among married women aged 15-49 years was 50% in 2006 and 49.5% in 2010, and the unmet demand for advanced contraception has remained stable around 13.1% for many years.

Low contraceptive use leads to induced abortions. Abortion remains quite a popular method of birth control in Kazakhstan. Every fifth pregnancy ends with abortion.

The contraception method most used is the intrauterine device (33.5%). 7.2% couples use male condoms and only 7.1% use oral contraceptives. Modern contraceptive methods are most commonly used by urban residents (52.2%) rather than rural ones (46.4), and by women with high educational background (51.5% women with university degree and 44.7-47.1% women with post-basic and secondary education). The income level has been also shown to have an impact on contraceptive choice and use. Modern contraceptives are regularly used by 55% of the richest women and by only 45% of the poorest women; while intrauterine contraceptives are used by 90% of the poorest and 55% of the richest women.

A survey conducted by the Kazakh Association of Sexual and Reproductive Health in 2011 found a relatively high awareness of various contraceptive methods, and identified the high price as a key cause of the limited access to modern contraception. For young people, lack of confidentiality during family planning counselling was another barrier. The survey showed that condoms and pills were considered the most convenient methods for unmarried men and women. Respondents found it difficult to find injectables and spermicides in pharmacies, while intrauterine devices in most instances were absolutely unaffordable to young women. It should be noted that the pharmaceutical market in Kazakhstan is private (98%) and the Government does not have tools to regulate market prices. As a result, contraceptives in Kazakhstan are among the most expensive in ex-Soviet countries.

According to the existing legislation, the Government guarantees delivery of family planning services and does not restrict rights of people in choosing a contraceptive method, but it does not provide contraceptives. Contraceptives are not in the list of free-of-charge for vulnerable groups, nor included in the guaranteed healthcare benefit package. There is a possibility of providing free-of-charge contraceptives through local budgets, subject to availability of resources, but it is challenging to assess this due to the lack of monitoring and data.

An analysis of the affordability of contraceptives in Kazakhstan performed by UNFPA in 2014 found significant barriers to contraception for the majority of population in the country. People may afford only inexpensive IUD, and even quite well-off people are limited in choice of contraception method. The access issue is more critical for vulnerable groups such as:

- Rural residents, due to few pharmacies, scarce choice and unaffordability of contraceptives;
- Adolescents, due to low availability of family planning services, professional counselling and legislative request to age (18 years) when a person is entitled to independent decision-making when visiting a healthcare facility;
- Youths from disadvantaged families, labor migrants, disabled people and groups with behavioral risk of HIV transmission (injection drug users and their sexual partners, sex workers), due to unaffordability of contraceptives or marginal behavior.
- Family planning services in Kazakhstan are fragmented and provided by various organizations and specialists. They do not secure adequate quality of care and complete set of services which should include (i) counselling, (ii) prescription and provision of contraceptives, (iv) identification of high risk groups, (v) control of pregnancy spacing, (vi) prevention of unsafe abortion and post-abortion care, (vii) early detection and treatment of sexually transmitted infections.

An assessment of the access to and quality of family planning counselling in healthcare facilities found them to be inadequate. Obstetricians/gynecologists in PHC settings are the only suppliers of family planning services now, and the role and capacities of general practitioners and midwives are underestimated and underutilized. Implementation of new performance-based financial incentives

for PHC workers does not take into account the family planning services. In view of planned evolution of PHC into family medicine, training of the GPs, midwives and clarification of the breakdown of tasks with obstetricians and gynecologists will be essential in securing quality and availability of family planning services.

There is no systemic approach to educating and training healthcare providers on modern contraception technology and family planning counselling skills. There is no standardized training package on family planning and no efforts to deliver regular training courses.

To address this situation, the Government of Kazakhstan is committed to ensuring universal coverage with family planning services, including access to information, counselling, services and contraceptives, as an essential component of rights-based reproductive health care. Access to such services is regarded a means to exercise fundamental human rights of free and responsible decision-making on number of children, timing and spacing of births, as well as the right of a child to be born wanted and healthy.

Access to family planning information, services and modern contraceptives will lead to reduced unplanned pregnancies, adolescent pregnancies, abortions, sexually transmitted infections and cervical and ovarian cancers which are lead directly or indirectly to maternal mortality. Therefore, family planning services belong to preventive interventions addressing reduction of manageable causes of maternal mortality and morbidity and bring substantial health benefits. In addition, from an economic point of view, the benefits of family planning outweigh the costs.

## Process

---

The Kazakhstan Family Planning National Framework Program 2017-2021 was drafted through a coherent strategic planning process, including consultations with and involvement of national, as well as international experts. The UNFPA Country Office in Kazakhstan provided technical assistance throughout the process.

The drafting of the Framework Program took almost one year, during which time consultations with national and international experts were the key element. In April 2016, the group of experts nominated by the MoHSD (see Annex 1) met in a strategic planning workshop, identified the specific family planning issues, and started the drafting of the Framework Program. As part of this process, the strengths, weaknesses, opportunities and threats related to family planning in Kazakhstan were identified through a SWOT analysis. The vision of the Framework Program was articulated. The goal, outcome and outputs, as well as the key interventions were agreed in a participatory manner. Subsequently, the group of experts and the representatives of international partners brought in new ideas and helped improve the successive drafts of the document.

The Kazakhstan Family Planning National Framework Program is consistent with the vision and priorities several relevant regional strategic documents. It is aligned with the UNFPA Family Planning Strategy 2012-2020, titled “Choices not Chance”, which outlines how the Fund will act to ensure that the countries receive optimum support for family planning, based on comprehensive review of their situations and critical needs. It is also in line with the WHO Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind.

## Vision

---

The Kazakhstan Family Planning National Framework Program 2017-2021 envisions the attainment by all people of Kazakhstan the highest possible level of sexual and reproductive health, in an enabling environment in which everyone, regardless of sex, age, social status and religion, have equal rights, opportunities and access to family planning information, services and commodities.

## Guiding principles

---

The Framework Program is based on these guiding principles:

- Universal human rights, the right of everyone to the enjoyment of the highest attainable standard of health
- Non-discrimination
- Gender equality and equity, and empowerment of all women and girls
- Access for adolescents and young people to comprehensive sexuality education and youth-friendly services
- Emphasis on prevention, health promotion, and community participation and empowerment
- Action based on the best available evidence, national relevance and sustainability
- Recognition of the importance of building governance and capacity for cross-cutting and inter-sectoral action, and the establishment of effective partnerships between Government and other sectors involved in family planning
- Accountability and transparency

## Goal, outcome and outputs

---

The overarching goal of the Kazakhstan Family Planning National Framework Program 2017-2021 is to deliver universal access to rights-based family planning to people of Kazakhstan, as part of the efforts to achieve universal access to sexual and reproductive health and reproductive rights.

The expected outcome will be increased access to and use of human rights-based family planning in Kazakhstan from 2017 to 2021.

The Framework Program will have the following outputs:

1. Enabling environment at national and oblast levels for human rights-based family planning, as part of sexual and reproductive health and reproductive rights
2. Improved availability of good quality, human rights-based family planning services
3. Improved availability and reliable supply of quality contraceptives
4. Increased demand for family planning according to clients' reproductive health intentions
5. Strengthened information system pertaining to family planning

## Key interventions and accountability

In order to achieve the expected results, the Framework Program will employ the following key interventions:

Output	Key interventions
<p><b>1. Enabling environment at national and oblast levels for human rights-based family planning, as part of sexual and reproductive health and reproductive rights</b></p>	<p><b>1. Advocate for mobilization of political will (Government, parliament, akimat)</b> Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Allocate targeted funds for FP</li> <li>• Determine financing of youth centers</li> <li>• Ensure inclusion of minimal package of contraceptives for vulnerable groups into the State Basic Benefits Package</li> </ul> <p><b>2. Support development of laws and policies for realization of rights and improvement of access to FP education, information, services and commodities</b> Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Approve the national family planning Framework Program</li> <li>• Decrease the age of consent for provision of access for adolescents to SRH and FP services to 16 years</li> </ul> <p><b>3. Encourage participation of civil society (NGO, professional associations) and religious organizations</b> Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Training of professional associations as independently regulated organizations, for carrying out of accreditation of FP services</li> </ul>
<p><b>2. Improved availability of good quality, human rights-based family planning services</b></p>	<p><b>4. Improve the FP regulatory framework through orders, instructions and regulations in the field of organization of services within the healthcare system</b> Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Revise and update existing legal framework for FP in healthcare system</li> <li>• Develop a national communication plan for protection of SRHR and FP within the public health system, with a special focus on adolescents and youth health</li> <li>• Institutionalize the youth “peer-to-peer” movement for informal education of adolescents and youth on SRH and FP</li> </ul> <p><b>5. Strengthen staff capacity through pre- and post-diploma training medical workers</b> Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Update the curriculum on family planning for medical universities and colleges and post-graduate education, in line with modern requirements</li> <li>• Train academic and teaching staff of colleges and higher education institutions/universities</li> <li>• Develop methodological guidelines/standards for carrying out of a cascade training on FP for PHC staff and personnel of obstetrical organizations with allocation of targeted funding</li> <li>• Develop and implement distance learning training on FP, such as the UNFPA FP learning platform</li> </ul>

	<ul style="list-style-type: none"> <li>• Train specialists for work in the youth centers</li> <li>• Train national and regional trainers on SRH and FP</li> <li>• Include family planning issues in the training of public health professionals</li> </ul> <p><b>6. Standardize services on the basis of evidence-based medicine (guidelines, protocols and standards)</b></p> <p>Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Approve national guidelines/protocols/training package on FP</li> <li>• Develop and approve of algorithms for counseling and provision of FP services at PHC level</li> <li>• Integrate FP into existing packages of medical and social services for vulnerable population groups (TB, HIV, AIDS, migrants and disabled)</li> </ul> <p><b>7. Improve services quality management (at national, oblast levels, and medical facilities)</b></p> <p><b>7.1. Enhance motivation (through accreditation, certification, stimulating capitation component, remuneration for performance of indicators)</b></p> <p>Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Develop mechanisms for improvement of quality of youth centers services (accreditation standards)</li> <li>• Introduce differentiated remuneration at PHC level</li> <li>• Include FP indicators in the system of accreditation of medical organizations</li> <li>• Conduct population surveys for studying of reproductive behavior, knowledge and attitude towards the family planning and use of contraceptives</li> </ul> <p><b>7.2. Organize continuous quality improvement of services (external, internal supervision, self-control, mentoring)</b></p> <p>Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Organize online counseling for the population, including youth</li> <li>• Develop\adapt the package and mechanisms for assessment of quality of FP services, including feedback from users of services</li> </ul>
<p><b>3. Improved availability and reliable supply of quality contraceptives</b></p>	<p><b>8. Improve the FP regulatory framework through orders, instructions and regulations in the field of organization of services within the healthcare system</b></p> <p>Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Improve the regulation policy on pharmaceutical market prices for contraceptives</li> <li>• Improve the contraceptives registration system (include the possibility of initiation of registration by the healthcare authorized body)</li> <li>• Improve the contraceptives procurement system for reduction of market prices, using the UNFPA Procurement Services</li> <li>• Create public-private partnership mechanisms for subsidizing the prices for contraceptives, with participation of the Chamber of Entrepreneurs</li> </ul> <p><b>9. Strengthen medical staff capacity through pre- and post-diploma training medical workers</b></p>

	<p>Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Include contraceptive security in the training of public health professionals</li> <li>• Include in the training program for managers the following issues: effective planning and modern contraceptives supply (forecast, planning, accounting and reporting), and identification of population groups for benefit provision of contraceptives</li> </ul>
<p><b>4. Increased demand for family planning according to clients' reproductive health intentions</b></p>	<p><b>10. Improve the FP regulatory framework through orders, instructions and regulations in the field of organization of services within the education system</b></p> <p>Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Introduce sexual education into curriculum of schools and colleges</li> <li>• Build partnership with youth policy management to support SRH and FP</li> </ul> <p><b>11. Strengthen educational staff capacity through pre- and post-diploma training of pedagogues/teachers</b></p> <p>Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Include the sexual education issues in the pre-diploma education program for schoolchildren</li> <li>• Train specialists for sexual education of schoolchildren</li> <li>• Train master-trainers on sexual education of schoolchildren and adolescents</li> <li>• Define the needs and train specialists in communication area</li> <li>• Develop the training programs and materials on sexual education for the education system of teachers/ pedagogues (Republican Center of MOHSD)</li> <li>• Develop the program on sexual education at schools and colleges for further integration into curriculum (National Academy of Education)</li> <li>• Develop the state standard of sexual education and upbringing</li> </ul>
<p><b>5. Strengthened information system pertaining to family planning</b></p>	<p><b>12. Improve evidence gathering for promotion of the FP agenda</b></p> <p>Specific activities under this intervention will include:</p> <ul style="list-style-type: none"> <li>• Develop an effective monitoring and evaluation system for FP (indicators, population surveys, use of existing registers for women of fertile age)</li> <li>• Carry out studies for assessment of efficiency of FP services and use of modern methods of contraception</li> </ul>

## Implementation and coordination

---

The Framework Program document is a key policy document for improvement of family planning services in Kazakhstan, with reflection of the strategic vision and directions of activities of the Ministry of Health and Social Development (MHSD) for the next five-year period in Kazakhstan. This policy document will serve as a basis for effective inter-sectoral healthcare system cooperation with other agencies to deliver a comprehensive family planning services and provision of demand for these services, by delivery of education and information to the population of Kazakhstan, with a priority focus on adolescents, young people and socially vulnerable groups of population.

The Ministry of Health and Social Development of the Republic of Kazakhstan (RK) will be responsible for coordination of Framework Program implementation. During implementation of the Program, an important role will play the following organizations:

1. Republican Center of Healthcare Development of MHSD RK
2. National Scientific Center for Obstetrics, Gynecology and Perinatology of MHSD RK
3. Regional Akimats (mayor's offices), including healthcare department of 14 oblasts and 2 cities of republican significance RK.

Inter-sectoral cooperation with the Ministry of Education and Science with support of the Committee for Youth Affairs, National Commission for Women Affairs, Family and Demographic Policy will be critical for provision of an integrated approach during implementation of the Framework Program objectives on moral-sexual education and upbringing of pupils and college students. One of the important areas in family planning programs is the delivery of reliable information to youth population, which will motivate young people to admit and adopt the healthy lifestyles, develop safe behavior and timely apply for the services when they need them. At the same time, it is critically important that the family planning education will address the special needs of adolescents and youth population, and available to all young people, regardless of their sex, age and social status.

The national leading centers of public health and maternal and child health development will provide the technical assistance and coordination of the Program at the national level. The local authorities – the regional Akimats and their healthcare departments – will ensure the tasks implementation on provision of necessary resources, mobilization of local communities and implementation of local activities. Besides, it will be used an existing capacity of the functional 16 regional training centers and experience of regional coordinators on reproductive health, which will play an important role in ensuring of effective coordination of activities and program for continuous education of medical workers at the level of regional centers.

Representatives of civil society, such as, professional associations, local NGOs, youth organizations, should be also involved in implementation of the Framework Program, in an active partnership with the healthcare and social development sector.

## Financing

---

The resources for implementation of the Framework Program of family planning for the period of 2017-2021 years are distributed in line with the set of the Program' strategic goals and objectives. Each goal and objective has the relevant set of key interventions to achieve the specific targets. This approach will make feasible to perform an assessment of contribution and deliverables for each of the implemented interventions. The resources required for the Program implementation can be divided into three main categories of expenditures:

- direct expenses for implementation of activities;
- human resources involved in implementation of each of the priority areas;
- relevant technical resources for provision of coordination of various components, design of consistent and effective plans of implementation, as well as carrying out of activities to ensure the quality of the program throughout the course of implementation (monitoring and evaluation).

The main areas of the Program expenditures will be the financial resources allocated for improvement of the human resources capacity through cascade regional training courses for PHC workers, maternity hospitals, as well as the training of healthcare managers, and staff for adolescents and school medicine. At the same time, it is necessary to take into account that most of the tasks can be fulfilled within the framework of Kazakhstan State Program of Healthcare Development "Densaulyk" for the years 2016-2019, and the regional healthcare development programs. In addition, the existing system of human and technical resources will be used for coordination and monitoring of the Program, funded out of the regular healthcare budget.

Along with this, the Program foresees the provision of access to contraceptives for vulnerable groups of population. It will be possible to achieve with consolidation of actual funding sources, such as, the local authorities' regional funds, and defining of the national healthcare budget options in a long-term prospective within the framework of state healthcare program development, and with provision of efficient preparatory work, carried out under the Framework Program for 2017-2019.

The assessment of the Framework Program implementation based on the population studies will be one of the important technical resources. The Multiple Indicator Cluster Survey (MICS) will be used for provision of monitoring of the Program progress. The MICS study is conducted on a regular basis with the 5-year interval by the National Agency of Statistics with technical assistance of the UN partners. The data of the last MICS study, performed in 2016, would serve as the base-line data for the Program.

The implementation of the Framework Program includes an active involvement of civil society, accounting on the capacity of non-governmental organizations and professional associations. The main expected input to the Program from the NGO sector would be the NGO staff participation across the whole implementation process and effective delivery of services which tend to be challenging for access by the state manpower. The non-governmental sector is a special technical resource with skillful personnel able to identify the society needs and apply the various community-based approaches for addressing of those needs during planning and implementation of various program interventions. Besides, the non-governmental organizations and professional associations with their flexible management structure could contribute own resources or public resources to the existing funds. The ability of NGOs for rapid response, effective communication, distribution of

information and provision of feedback to the community built up the civil sector to be a key partner in policy dialogue with the Government and Parliament of the Republic of Kazakhstan in addressing of the main issues related to achieving the goals and objectives of the Framework Program, as well as defining of the priority funding for family planning, at local and national level.

It is necessary to consider and use the potential of private sector, in particular, the pharmaceutical market of contraceptives, which currently mainly focused on urban population and population with average and above-average income. The pharmaceutical sector could be interested in the national market expansion due to implementation of mechanism of mutually beneficial public-private partnership.

United Nations organizations supporting the maternal and child health agenda (UNFPA, UNICEF, WHO, UNAIDS) are the main partners to assist in implementation of various components of the Framework Program. In addition to direct financial aid, the international agencies have the technical capacity and global experience in implementation of innovative and effective approaches customized to the needs of Kazakhstan.

## Monitoring and evaluation

The following key indicators will be used to monitor the progress in the implementation of the Framework Program.

Outcome	Indicators
Increased access to and use of human rights-based family planning from 2017 to 2021.	<ul style="list-style-type: none"> <li>• Unmet need for family planning</li> <li>• Modern contraceptive prevalence rate</li> <li>• Percentage of service delivery points offering at least 3 modern methods of contraception free of charge contraceptives for vulnerable groups</li> </ul>
Outputs	Indicators
Enabling environments for human rights-based family planning at national and oblast levels, as part of sexual and reproductive health and reproductive rights (incorporating strengthened political and financial commitment)	<ul style="list-style-type: none"> <li>• Existence of national/subnational or organizational policies or strategic plans that promote equitable and affordable access to high-quality family planning and reproductive health services and information</li> <li>• Percent of Government health budget allocated to family planning and reproductive health</li> <li>• Evidence of civil society participation in monitoring the implementation of family planning/reproductive health policies</li> </ul>
Improved availability of good quality, human rights-based family planning services	<ul style="list-style-type: none"> <li>• Existence of preservice and/or in-service training curricula that includes family planning, including post-abortion family planning</li> <li>• Number/percent of health workers trained to provide specific family planning services</li> <li>• Number/percent of health workers trained to provide adolescent and youth-friendly services</li> </ul>
Improved availability and reliable supply of quality contraceptives	<ul style="list-style-type: none"> <li>• Inclusion of the 11 key modern contraceptives from the WHO Essential Medicines List in the National Essential Medicines List (Basic Benefit Package)</li> <li>• Percent of family planning clients who left the SDP with a contraceptive method</li> </ul>

	<ul style="list-style-type: none"> <li>• Percent of post-abortion care patients who left the health facility with a contraceptive method</li> </ul>
Increased demand for family planning according to clients' reproductive health intentions	<ul style="list-style-type: none"> <li>• Percent of women of reproductive age who have heard about at least three methods of family planning</li> <li>• Percent of population who know of at least one source of modern contraceptive services and/or supplies</li> <li>• Percent of population with a favorable attitude toward family planning</li> </ul>
Strengthened information system pertaining to family planning	<ul style="list-style-type: none"> <li>• Key family planning indicators are in the National Health Management Information System</li> <li>• Existence of a functional Logistical Management Information System</li> <li>• Existence of a national mechanisms to track financing of family planning from different sources</li> </ul>

## Annex 1. Working Group for the development of the Family Planning Framework Program

Venera Tlemissova, Head of Strategic Development Center, Republican Center for Health System Development, Strategic Development Center

Talgat Zhumagulov, Head of Unit on health care service organization, Republican Center for Health System Development, Strategic Development Center

Ashat Mubarakov, Head of the department of statistical research, Republican Center for Health System Development, Strategic Development Center

Malika Turganova, Chief specialist of Unit on health care service organization, Republican Center for Health System Development, Strategic Development Center

Hazina Biktasheva, Professor, Head of Methodology Department, National Scientific Center for Obstetrics, Gynecology and Perinatology

Klara Medeubayeva, Head of the department "Family Health and reproductive health", National Healthy Lifestyle Centre

Lyailya Kultayeva, Chief physician of the Regional perinatal center, Regional perinatal center, Kyzylorda

Aigul Sapargaliyeva, Deputy head of the Health Department, Health Department of South Kazakhstan region

Klara Nurusheva, Chief obstetrician-gynecologist, West Kazakhstan Health Department

Galina Grebennikova, Executive Director, KMPA, Almaty

Balhash Amanzholova, Head of chair on obstetrics-gynecology, National Medical University

Irina Kopobaeva, Head of chair on obstetrics-gynecology, Karaganda State Medical University





